



# **FINANCIAL STATUS REPORT** (Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>Denali Commission</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>270-07</b>		OMB Approval No. <b>0348-0038</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Whitestone Community Association, PO Box 1229 Delta Junction, AK 99737</b>					
4. Employer Identification Number <b>20-0163891</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>12/13/2006</b>		To: (Month, Day, Year) <b>12/31/2007</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>1/1/2007</b>	
				To: (Month, Day, Year) <b>3/31/2007</b>	
10. Transactions:		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays		0.00		16,276.00	
b. Recipient share of outlays		0.00		1,276.00	
c. Federal share of outlays		0.00		15,000.00	
d. Total unliquidated obligations				19,955.00	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations				19,955.00	
g. Total Federal share (Sum of lines c and f)				34,955.00	
h. Total Federal funds authorized for this funding period				41,153.00	
i. Unobligated balance of Federal funds (Line h minus line g)				6,198.00	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
		b. Rate	c. Basis	d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title <b>David J. DiGloria, Recipient Financial Manager</b>				Telephone (Area code, number and extension) <b>(907) 895-4938 ext. 5216</b>	
Signature of Authorized Certifying Official 				Date Report Submitted <b>April 3, 2007</b>	

ACCEPTED  
ENTERED